

Fill in this information to identify the case

Debtor name Bay Area Regional Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number 19-70013
(if known)

☐ Check if this is an amended filing

Official Form 206A/B**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand \$0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. Capital One (Accounts Payable)	Checking account	6 3 8 0	Unknown
3.2. Capital One (Payroll)	Checking account	8 6 2 6	\$19,813.77
3.3. Capital One (Non-government payor deposits)	Checking account	8 5 9 6	\$68,688.15
3.4. Green Bank (Patient Payments via Check)	Checking account	3 6 4 7	\$1,000.00

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$89,501.92

Debtor Bay Area Regional Medical Center, LLC
NameCase number (if known) 19-70013**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$0.00**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less:	<u>\$0.00</u>	—	<u>\$0.00</u>	= →	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts			
11b. Over 90 days old:	<u>\$107,989,896.00</u>	—	<u>\$103,858,114.00</u>	= →	<u>\$4,131,782.00</u>
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$4,131,782.00**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☒ Yes. Fill in the information below.

Valuation method
used for current valueCurrent value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

	Name of entity:	% of ownership:	
15.1.	<u>Texas Gulf Coast Medical System, Inc.</u>	<u>100%</u>	<u>\$0.00</u>
15.2.	<u>Texas Gulf Coast Medical Group, LLC</u>	<u>100%</u>	<u>\$0.00</u>

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16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
Medical Supplies (Perishable property: saline solution and other time stamped supplies are perishable)	01/08/2018	\$6,536,289.00	Debtor's estimate	\$1,000,000.00
Administrative Supplies		Unknown	Debtor's estimate	\$25,000.00

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$1,025,000.00

24. Is any of the property listed in Part 5 perishable?

☐ No☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			

Debtor Bay Area Regional Medical Center, LLC
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30. Farm machinery and equipment (Other than titled motor vehicles)
31. Farm and fishing supplies, chemicals, and feed
32. Other farming and fishing-related property not already listed in Part 6

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☒ No☐ Yes. Book value _____ Valuation method _____ Current value _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

☒ No☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☒ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.☐ Yes. Fill in the information below.

General description

Net book value of
debtor's interest
(Where available)Valuation method
used for current valueCurrent value of
debtor's interest

39. Office furniture

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Debtor Bay Area Regional Medical Center, LLC
NameCase number (if known) 19-70013**General description**Include year, make, model, and identification numbers
(i.e., VIN, HIN, or N-number)**Net book value of
debtor's interest**
(Where available)**Valuation method
used for current value****Current value of
debtor's interest**

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

48. Watercraft, trailers, motors, and related accessories Examples: Boats
trailers, motors, floating homes, personal watercraft, and fishing vessels

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm
machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒
- No
-
- ☐
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒
- No. Go to Part 10.
-
- ☐
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property
Include street address or other description
such as Assessor Parcel Number (APN),
and type of property (for example,
acreage, factory, warehouse, apartment or
office building), if available.**Nature and extent
of debtor's interest**
in property**Net book value of
debtor's interest**
(Where available)**Valuation method
used for current
value****Current value of
debtor's interest**

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒
- No
-
- ☐
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒
- No
-
- ☐
- Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒
- No. Go to Part 11:
-
- ☐
- Yes. Fill in the information below.

Debtor Bay Area Regional Medical Center, LLC
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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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80. Patents, copyrights, trademarks, and trade secrets
81. Internet domain names and websites
82. Licenses, franchises, and royalties
83. Customer lists, mailing lists, or other compilations
84. Other intangibles, or intellectual property
85. Goodwill

86. Total of Part 10.

Add lines 80 through 85. Copy the total to line 89.

\$0.00

87. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

88. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

89. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Potential refund for overpayment of
State of Texas sales taxTax year \$850,000.00

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claimsPotential claim against Cerner Health
Services, Inc.

Amount: to be determined

Unknown

Nature of claim

Fraud/breach of contract

Amount requested

Debtor Bay Area Regional Medical Center, LLC Case number (if known) 19-70013
Name

Potential Claim against Cardinal Health, Inc.
 Amount: To Be Determined Unknown

Nature of claim Fraud/negligence
 Amount requested _____

Potential Claim against Quammen Health Care Consultants, Inc.
 Amount: To Be Determined Unknown

Nature of claim Fraud/breach of contract
 Amount requested _____

Potential Claim against ESA Toxicology, LLC
 Amount to be determined Unknown

Nature of claim Breach of contract
 Amount requested _____

Potential Claim against Siemens Financial Services
 Amount: to be determined Unknown

Nature of claim Breach of duty
 Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

Due from Texas Gulf Coast Medical System, Inc.
 Business Interruption Insurance Claim Receivable
 Amount: unknown Unknown

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$850,000.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No
☐ Yes

Debtor Bay Area Regional Medical Center, LLC
NameCase number (if known) 19-70013**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$89,501.92</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$4,131,782.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$1,025,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$0.00</u>	
88. Real property. Copy line 58, Part 9..... →		<u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 76, Part 11.	<u>+ \$850,000.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$6,096,283.92</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$6,096,283.92</u>

Fill in this information to identify the case:

Debtor name Bay Area Regional Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 19-70013

☐ Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?
- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
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2.1 Creditor's name <u>Banyan FCS SPE I, LLC</u>	Describe debtor's property that is subject to a lien <u>Patient accounts receivable</u>	<u>\$44,993.78</u>	<u>\$44,993.78</u>
Creditor's mailing address <u>951 Yamoto Road, Ste. 160</u>	Describe the lien <u>Acct RD 12182013</u>		
<u>Boca Raton FL 33431</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Date debt was incurred <u>5/29/2015</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$4,964,030.20

Debtor Bay Area Regional Medical Center, LLCCase number (if known) 19-70013**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim.
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim.

2.2 Creditor's name <u>Conestoga Equipment Finance</u> Creditor's mailing address <u>1033 S. Hanove St.</u> <u>Pottstown PA 19465</u> Creditor's email address, if known <u></u> Date debt was incurred <u></u> Last 4 digits of account number <u></u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u></u>	Describe debtor's property that is subject to a lien <u>Medical equipment</u> Describe the lien <u>Loan</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$6,600.00</u> <u>\$0.00</u>
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2.3 Creditor's name <u>HC-200 Blossom St., LLC</u> Creditor's mailing address <u>4890 W. Kennedy Blvd, Ste. 650</u> <u>Tampa FL 33609</u> Creditor's email address, if known <u></u> Date debt was incurred <u></u> Last 4 digits of account number <u></u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u></u>	Describe debtor's property that is subject to a lien <u>Business interruption ins. proceeds</u> Describe the lien <u>Loan</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,889,600.00</u> <u>\$0.00</u>
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Debtor Bay Area Regional Medical Center, LLCCase number (if known) 19-70013**Part 1: Additional Page**

Copy this page only, if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
---	--

2.4 Creditor's name <u>Manfred Co., LLC</u> Creditor's mailing address <u>7670 Woodway Dr., Ste. 180</u> <u>Houston TX 77063</u> Creditor's email address, if known <u></u> Date debt was incurred <u>05/07/2013</u> Last 4 digits of account number <u></u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u></u>	Describe debtor's property that is subject to a lien <u>Accounts receivable</u> Describe the lien <u>Bank account</u> Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,022,836.42</u> <u>\$6,096,283.92</u>
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Debtor Bay Area Regional Medical Center, LLCCase number (if known) 19-70013**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the
related creditor?Last 4 digits of
account number
for this entityCarter/Validus Operating Partnership, LPLine 2,34890 W. Kennedy BlvdSte. 650TampaFL 33609

Fill in this information to identify the case:

Debtor name Bay Area Regional Medical Center, LLC
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number 19-70013 Chapter 7
 (if known)

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	Agreement - Identification of tax overpayments	<u>Agile Consulting Group, Inc.</u> <u>600 Ironwood Dr.</u> <u>Suite 621</u>
	State the term remaining	<u>Unknown</u>	
	List the contract number of any government contract	<u>N/A</u>	<u>Ponte Vedra Beach</u> <u>FL</u> <u>32082</u>
2.2	State what the contract or lease is for and the nature of the debtor's interest	Patient records Financial accounting Contract is in DEFAULT	<u>Corner Health Services</u> <u>280 Rock Creek Parkway</u>
	State the term remaining		
	List the contract number of any government contract	<u>N/A</u>	<u>Kansas City</u> <u>MO</u> <u>64117</u>
2.3	State what the contract or lease is for and the nature of the debtor's interest	Multifunction copiers/printers	<u>Xerox Financial Services</u> <u>45 Glover Ave.</u>
	State the term remaining	<u>Unknown</u>	
	List the contract number of any government contract	<u>N/A</u>	<u>Norwalk</u> <u>CT</u> <u>06856</u>

Fill in this information to identify the case:

Debtor name Bay Area Regional Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 19-70013

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor**Column 2: Creditor**

Check all schedules that apply:

Name	Mailing address	Name	
2.1 Texas Gulf Coast Medical Group	250 Blossom, Ste. 250 Number Street	Manfred Co., LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Webster TX 77598 City State ZIP Code		
2.2 Texas Gulf Coast Medical System	250 Blossom, Ste. 250 Number Street	Manfred Co., LLC	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	Webster TX 77598 City State ZIP Code		

Fill in this information to identify the case:Debtor Name Bay Area Regional Medical Center, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known): 19-70013☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/16

Part 1: Summary of Assets1. *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$6,096,283.92

1c. Total of all property

Copy line 92 from Schedule A/B.....

\$6,096,283.92

Part 2: Summary of Liabilities2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$4,964,030.20

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

unknown ~~\$0.00~~

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$259,563,738.12

4. Total liabilities

Lines 2 + 3a + 3b.....

\$264,527,768.32

Fill in this information to identify the case and this filing:

Debtor Name Bay Area Regional Medical Center, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number 19-70013
(if known)

Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 02/14/2019
MM/DD/YYYY

X

Rick A. Zachardy
Signature of individual signing on behalf of debtor

Rick A. Zachardy
Printed name

Authorized Representative
Position or relationship to debtor